

Skills Coach Expression of interest form

 Regional Open Water Camp 2020

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| **Name of Coach** |  |
| **Club/ Position at club** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Relevant medical information** |  |
| **Key date** | **Available (Please indicate YES or NO)** |
| Sunday 14th June |  |

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| **DBS Number/ date issued** | **Are you qualified to a minimum of ASA Level 2 Coach Standard? (Level 2 or 3?) Do you have the Open Water coaching certificate?** | **Date of last safeguarding training** |
|  |  |  |
| **Signed/ Date** |  |

Please provide a brief summary of your key coaching experience;

Key roles and achievements you have accessed over recent years?

Please provide a personal statement of no more than 200 words

Answer the following questions in your statement:

1. Why do you want to be a regional open water skills coach?

2. What would you hope to gain from this experience?

3. How will this opportunity assist you in your future development and career as a coach?

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Please return this form by the 28th February;

Kristie.jarrett@southeastswimming.org

Kristie Jarrett

Regional Club Development Officer

Swim England South East

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